

Tracie Sullivan
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 18 2017

| PLE | CASE PRINT | | OCT 18 2017 |
|--|---|--|--|
| I. Name of Lobbyist(s) | Tracie Sullivan | | NEW HAMPSHIRE DEPARTMENT OF STATE |
| II. Name of lobbyist's pa | rtnership, firm or corporation, | if any: | |
| (Name of | partnership, firm or corporation) | | The Burk of the State of the St |
| | | | |
| Business Address: (Street) | (Town/City | (State) | (Zip Code) |
| () | ()(| e-mail | · · · · · · · · · · · · · · · · · · · |
| (Telephone) | (| Fax) | |
| All reportable transacti | ions occurring in the months prior | ble to any one client). r to the reporting date relative to the | ne following client: |
| New Futures, Inc | all Name of Client as it appears on the | e Labbuist Registration Form) | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| <u>OR</u> | in reality of Cheffe as it appears on the | o Exobytst Registration Form, | |
| ☐ All reportable transaction unrelated to any particular | | lobbyist's family), or the lobbying | g firm listed below which are |
| Reports cover: activity fr | pril 26, 2017 com date of registration to 3/31/17 | July 26, 2017 activity from 4/1/17 to 6/30/17 | , |
| | october 25, 2017 vity from 7/1/17 to 9/30/17 | January 31, 2018 ☐ <i>activity from 10/1/17 to 12/31</i> | |
| | | ible transactions made since to the Secretary of State's Office, S | |
| VI. Check if additional re | eports are attached: | | |
| • | | ust file Addendum A – Fees and E | - |
| Expense Reimbursement | • | s, you must file Addendum B – Re | |
| ☐ If you, your firm, or yo | our family has made political con | tributions, you must file Addendu | ım C- Political Contributions |
| and complete to the best of | 15-B, RSA 14-C and RSA 664 ar f my knowledge and belief. | nd hereby swear or affirm that the | |
| (Signature of lobbyist) | eur | | 2017 te) |